

**DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first, and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled *CLIENT DRIVEN HEALTHCARE SYSTEM AND PROCESS*, the specification of which is attached hereto.

I have reviewed and understand the contents of the above specification, including the claims. I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

Power of Attorney

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Cort Flint, Registration No. 27,260; and/or William D. Lee, Jr., Registration No. 22,660; and/or Douglas W. Kim, Registration No. 44,828; and/or Henry S. Jaudon, Registration No. 34,056; and/or Robert R. Reed, Registration No. 32,930 of the firm CORT FLINT, ATTORNEY AT LAW, P.A., Post Office Box 10827, Greenville, South Carolina 29603-0827. Please address all correspondence and telephone calls to: Cort Flint, Telephone Number (864) 232-4261.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or
first inventor:

Christine B. Sweetser

Residence:

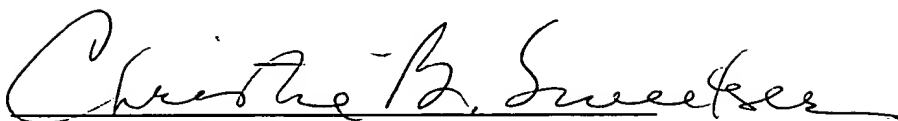
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Citizenship:

United States of America


Inventor's Signature


Date